men have a knowledge and competence comparable with those of men educated in the homeland.

A second principle is that of equivalence: that is, the right to practise should be on the basis of reciprocal rights granted by the applicant's own country. In the case of France it even states that such equivalence must be on a basis of a one-for-one reciprocity.

Most countries require foreign physicians either to qualify for, or to be in process of qualifying for naturalized citizenship.

The fourth principle, although not defined in so many words, is simply the protection of practice by limitation of entry. This is seen well in the case of Canada and the United States, neither of which have full internal reciprocity. There are in both countries certain States in which it is particularly difficult for the incoming doctor to obtain a licence to practise. By a curious coincidence those States to which it is hardest to secure entrance are those most favourably situated geographically, climatically, and economically.

Of these various principles, one suspects that protection is that which usually exercises the greatest influence. It is common knowledge that those countries which for any particular reason are short of doctors tend to relax their medical immigration laws, although it must be admitted that such relaxation has not so far occurred in the United Kingdom.

It is easy to be critical but hard to envisage radical improvements. It would be comparatively easy to expand widely the reliable ascertainment of standards of medical education, but a widespread relaxation of the barriers of nationality, reciprocity, and protection would result in a concentration of doctors in the highest market in the nicest places with resulting grave detriment to the deserving and needy lands.

The whole problem is at the core of international politics and cannot be regarded as a matter for the medical profession alone. Nevertheless it should try to take a lead because, of all the ways of life that men follow, the practice of medicine probably provides the strongest link that binds men of all nationalities and races. If and when the European Common Market gets on its feet medical reciprocity will have to be free. This may constitute the first crack in the ice which may lead to the breakdown of the many existing well-nigh impenetrable barriers.

W. MELVILLE ARNOTT

A Review of the National Coal Board. Medical Service and Medical Research, Annual Report 1966-1967. (Pp. 56; illustrated; price not stated.) London: National Coal Board, Hobart House, Grosvenor Place, S.W.1. 1967.

This 56-page booklet catalogues the work load of the National Coal Board's Medical Service. Interesting information is given on pneumoconiosis field research, on the relationship between chronic bronchitis and dust retention, and the disposal of dust particles in the lung.

The Medical Service's Yorkshire Division's work on occupational deafness with special reference to the testing of audiometer reliability will be of help to those interested in measuring the hearing of those persons subject to noise. Their observation that some difficulty had been found in obtaining efficient ear muffs which could easily be worn in conjunction with a pit safety helmet is important. A special difficulty is the removal of the ear muff (for instance, to converse when a noisy machine has been stopped) without displacing the pit helmet.

Those recruiting ex-coalminers will be interested to know that the Medical Service has an immunization programme against tetanus in being for miners. Where the local health authority wishes to increase the general level of immunization in the population, a similar scheme exists for poliomyelitis. Furthermore, National Coal Board nurses can administer oral poliomyelitis vaccine to young new entrants at training centres.

A valuable section of the booklet is devoted in the Supplement to stretcher carrying. This work was carried out by the Board's Physiology Branch and is of special interest to those advising persons on lifting and carrying who suffer from heart defects or blood vessel disease. Those training first-aiders will certainly benefit from the knowledge that application of the following three simple rules will minimize muscle fatigue and the increase of blood pressure caused by muscular action:

(1) Carry the load with the strongest possible group of muscles;

(2) Divide the load between as many groups of muscles as possible;

(3) If one limb can carry a weight without fatigue, a similar weight carried simultaneously by the opposite limb will not induce fatigue and may help to avoid it by balancing the body, thereby avoiding undue strain on some groups of skeletal supporting muscles.

This is a very useful booklet and in it there is something of interest to any occupational health doctor. It will be of value to those studying for the Diploma of Industrial Health.

R. H. P. FERNANDEZ

The Doctor, his Patient and the Illness. 2nd ed. By Michael Balint. (Pp. 395; 30*s*.) London: Pitman Medical Publ. Co. Ltd. 1968.

The title suggests and the book proclaims a personal involvement of the doctor in his patient's illness at a time when the general practitioner is increasingly enjoined to delegate many aspects of patient care.

The writer, a psycho-analyst, conducted his field work at the Tavistock Clinic among groups of general practitioners in order to study the psychological implications of general practice, to train general practitioners better for their job, and to discover methods of training, the hope being to unravel processes in the general practitoner patient relationship which cause both patient and doctor much unnecessary suffering, irritation, and fruitless effort.

Section 1 is devoted to 'Diagnosis' and to an attempt to help the doctor make a psychological as well as a physical assessment of his patient. Unfortunately the detailed histories make rather boring reading.

Section 2 discusses psychotherapy in general practice

—how to start and when to stop—and explains the special psychological atmosphere of general practice.

Section 3 presents conclusions. The result of five years' research is a number of problems, awkward and uncomfortable. Advice by the doctor is usually a well intended shot in the dark, nearly always futile, as is reassurance.

General practice is seriously ill with a benign disease and if the right therapy is applied the prognosis is good. The present symptoms of malaise in general practice are of the doctors' own making, and Dr. Balint believes that he has presented the symptoms and diagnosis of this malady and urges doctors to try to effect a radical cure.

An appendix gives hints to psychiatrists who are taking general practitioners in refresher courses on the selection of general practitioners for these courses and follow up details of the patients discussed in the seminars at the Tavistock Clinic.

It is disappointing that the book raises more problems than it answers and gives little advice. It certainly does not give short cuts or simple rules to lessen the burden of the 'neurotic' patient in general practice.

Not everyone will accept Balint's teaching, and it will cause antagonism among many. Some will still believe in shutting the door firmly on the neurotic skeleton in the cupboard as being the most economical way of dealing with this problem.

The book should be compulsory reading for all students, specialists, and general practitioners.

H. W. ASHWORTH

NOTICES

V Asian Conference on Occupational Health

The Vth Asian Conference on Occupational Health will be held in Bombay (India) in November 1968. The Conference will be attended by experts on various aspects of occupational health from many parts of the world.

Scientific discussions will be held on various subjects pertaining to occupational health, such as Safety in Industry, Industrial Hygiene, and Ergonomics.

For further information please write to Dr. J. C. Kothari, Secretary-General, P.B. No. 355, Bombay, India.

The British Occupational Hygiene Society

A Third International Symposium on Inhaled Particles is to be held in September 1970 in the United Kingdom (provisionally at the Imperial College of Science and Technology, London). It is a sequel to the earlier symposia held at Oxford in 1960 and at Cambridge in 1965.

This conference, whilst maintaining the previous general theme of the advances in knowledge of the mechanisms governing the entry of foreign material into the lungs and the response of the lungs to inhaled matter, will concentrate on the application of this basic knowledge to the particular problems of coal-workers' and industrial mixed dust pneumoconiosis.

Contributions to the Symposium will be welcome from all countries. They should in general describe original research but some review papers will be accepted. Contributions will be subject to scrutiny by the Society's Honorary Editor with the assistance of an advisory panel.

The Symposium is expected to last 4/5 days; simultaneous translation will be provided in English, French, and German (and other languages, depending on requirements). The proceedings will subsequently be published in book form, full details of which will be announced later.

Persons wishing to receive further details and/or to present contributions should write to the Secretary of the Organizing Committee: Dr. J. S. McLintock, Medical Service, National Coal Board, Hobart House, Grosvenor Place, London, S.W.1.

Second Scottish Symposium on Colour

Organized by the Colour Group (Scottish Section) and the Visual Laboratory of the Department of Psychology, Edinburgh University, the Symposium will be held in the David Hume Tower, Edinburgh University, George Square, Edinburgh, on Thursday and Friday, 5 and 6 September, 1968. Further information may be obtained from the Hon. Secretary, R. S. Sinclair, Paisley College of Technology, Paisley, Scotland.

CORRECTIONS

In the paper 'The Diagnosis of Industrial Lead Poisoning' by Gibson, Mackenzie, and Goldberg (*Brit. J. industr. Med.*, 1968, **25**, 40-51) reference was made in Table III on p. 47 to the findings of Cramér and Selander on the correlation between urinary ALA and PBG and clinical manifestations. This was incorrect, for in the paper by Cramér and Selander which was quoted there were no data on the urinary excretion of PBG.

In the paper 'Assessing the Heat Stress and Establishing the Limits for Work in a Hot Mine' by Wyndham, Allan, Bredell, and Andrew (*Brit. J. Industr. Med.*, 1967, **24**, 255-271), line 3 on p. 264 should read "This statement means that the same effect on P_4SR values is seen from a 10°F. change in D.B. and a 30°F. change in G.T."